Fiscal Estimate - 2003 Session

Original Updated	Corrected Sup	plemental		
LRB Number 03-1609/2	Introduction Number AB-5	49		
Subject				
Specialized medical vehicle providers				
Fiscal Effect				
Appropriations Rev	rease Existing venues crease Existing venues to absorb within ager venues Decrease Costs	/ be possible ncy's budget ☑No		
Permissive Mandatory Permissive Mandatory Permissive Mandatory Permissive Mandatory	5.Types of Local Government Units Aff Towns Villa Towns Other Counties Other School WTC Districts Dist	ige Cities ers		
Fund Sources Affected Affected Ch. 20 Appropriations GPR FED PRO PRS SEG SEGS				
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Agency/Prepared By	Authorized Signature	Date		
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Fiscal Estimate Narratives DHFS 12/9/2003

LRB Number 03-160 9	Introduction Number	AB-549	Estimate Type	Original		
Subject						
Specialized medical vehicle providers						

Assumptions Used in Arriving at Fiscal Estimate

Under current law, Wisconsin Medicaid (MA) reimburses three categories of transportation services: a common carrier (the patient's or a volunteer's vehicle, human service vehicle, or a county vehicle); a specialized medical vehicle (SMV) which is equipped with a ramp or lift and can accommodate wheelchairs; and, an ambulance. Providers of transportation services to MA patients must be certified by the Department. The Department requires that all vehicles used to provide SMV services be equipped to accommodate a wheelchair.

This bill allows providers of SMV vehicles to provide services in vehicles which are not equipped for SMV services. Under the bill, if an MA-certified SMV provider uses two or more vehicles to provide SMV services, at least two of the vehicles must be equipped to accommodate a wheelchair and one additional vehicle must be able to be converted to accommodate a wheelchair.

Under this bill, it would be possible for a provider with a fleet of vehicles to equip only two of them to accommodate wheelchairs, thereby limiting the number of vehicles available for SMV transportation. As a result, there is the potential of limited access for individuals who rely almost exclusively on this mode of transportation. A provider with 8 vehicles, for example, will need to equip only two of them with wheelchairs.

Since this is the only option for safe travel for most MA-eligible individuals who are wheelchair-bound, or who use other mobility aids, lack of appropriate medical transportation is a barrier that is detrimental to the health of patients. If individuals who need health care are not able to gain access to that care in a timely way, or if they are transported in vehicles that are not equipped for their safety and suffer injuries as a result, it is likely that the cost of their health care will increase. It is not possible to estimate the extent of this increase.

The bill also provides that an MA-certified provider of SMV transportation may receive MA reimbursement for transporting a person in a vehicle that is not wheelchair accessible if the person does not use a wheelchair. Currently the rates for transportation are \$0.24/mile in a car driven by a patient or \$0.33/mile for a volunteer-driven car, \$0.50/mile in a human service vehicle, and \$1.05/mile for a county-operated vehicle. By comparison, the rate for transportation in an SMV is \$1.25/mile.

The Department's policy is to ensure that only eligible SMV services are reimbursed. Although any specialized transportation must be approved by a patient's doctor, the chance for fraud exists. Fraud occurs when SMV services are provided to individuals who do not require these services. To the extent that lifting restrictions on the type of vehicles that qualify as SMV transportation increases the number of vehicles in operation, the chance for fraud increases.

Long-Range Fiscal Implications